

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/594,641

9-28-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12	1		2			
13	1		2			
14	1		1			
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21	1		2			
22	1		1			
23	1		2			
24	1		2			
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49						
50						
TOTAL IND.	3	↓	2	↓		↓
TOTAL DEP.	22	←	17	←		←
TOTAL CLAIMS	25		19			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←		←	←
TOTAL CLAIMS						